

Career Institute Timesheet

Career Mentor			Participant Name (Last, First			Participant Phone Number				
Please	enter	your c	laily <u>tota</u>	al hours v	vorke	<u>d</u> under	the	day of	the week.	
	Do not v	vrite time	e in and tii	me out, only	the to	tal numb	er of	hours we	orked	
For 15	minutes u	se ¼ or .25		your time b			For	45 minutes	s use ¾ or .75	
		Do not	exceed 8	hours per	day, 4	0 hours	per v	veek.		
Dates:	4/19/24	4/20/2	4 4/21/2	4 4/22/24	4/23/	24 4/24	24	4/25/24		
Total	FRI	SAT	SUN	I MON	TUE	S WE	D	THUR	Total Hours	
hours worked:										
Dates:	4/26/24	4/27/2	24 4/28/2	24 4/29/24	4/30	/24 5/1/2	24	5/2/24		
Total	Fri	SAT	SUN	I MON	TUE	S WE	D	THUR	Total Hours	
hours worked:										
Supervis	or Evalı	uation	TO	OTAL HOU	JRS F	OR PAY	PEF	RIOD:		
· E		Excellent	Acceptable	Needs Improve	eeds Improvement Unac		Com			
Attendance										
Appeara	nce									
Attitude										
Ambitio										
Account										
	ation									
Appreci									9.2024	
Appreci		Participant Signature			Date Supervisor			Signature D		

• Hours that are not submitted by the Timesheet Due Date, will need to have

• Time claimed 30 days past due date, will *not* be eligible for payment.

approval for payment. Therefore, payment will be delayed.